

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/18/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151324	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - BLDG B. WING _____		(X3) DATE SURVEY COMPLETED 04/25/2016
NAME OF PROVIDER OR SUPPLIER FRANCISCAN HEALTH RENSSELAER, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1104 E GRACE ST RENSSELAER, IN 47978		
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K 000	<p>INITIAL COMMENTS</p> <p>A Life Safety Code Recertification Survey for a Critical Access Hospital (CAH) was conducted by the Indiana State Department of Health in accordance with 42 CFR 485.623(d).</p> <p>Survey Date: 04/25/16</p> <p>Facility Number: 005072 Provider Number: 151324 AIM Number: 100269660A</p> <p>At this Life Safety Code survey, Franciscan Health and Fitness, was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR 485.623(d), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 39, Existing Business Occupancies.</p> <p>The facility consisted of two separate buildings. Building 01 is the main hospital a three story building with a basement. Building 02 is the Franciscan Health and Fitness Center a one story building. The buildings were determined to be Type II (222) construction.</p> <p>Building 02 was protected by a fire alarm system and was not sprinklered.</p>	K 000			
K 130	<p>Quality Review completed on 05/02/16 - DA NFPA 101 MISCELLANEOUS</p> <p>OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: 1. Based on observation and interview, the facility failed to ensure materials used as an</p>	K 130			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

06/17/2016

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 130	<p>Continued From page 1</p> <p>interior finish on the ceiling in 1 of 1 Lobby and 1 of 1 Court Hallway had a flame spread rating of Class A or Class B. LSC 101 39.3.3.2 states products required to be tested in accordance with NFPA 255, Standard Method of Test of Surface Burning Characteristics of Building Materials, shall be grouped in the following classes in accordance with their flame spread and smoke development.</p> <p>(a) Class A Interior Wall and Ceiling Finish. Flame spread 0-25; smoke development 0-450. Includes any material classified at 25 or less on the flame spread test scale and 450 or less on the smoke test scale. Any element thereof, when so tested, shall not continue to propagate fire.</p> <p>(b) Class B Interior Wall and Ceiling Finish. Flame spread 26-75; smoke development 0-450. Includes any material classified at more than 25 but not more than 75 on the flame spread test scale and 450 or less on the smoke test scale.</p> <p>(c) Class C Interior Wall and Ceiling Finish. Flame spread 76-200; smoke development 0-450. Includes any material classified at more than 75 but not more than 200 on the flame spread test scale and 450 or less on the smoke test scale. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observation with the Facilities Man #1 and the Fitness Supervisor on 04/25/16 at 11:38 a.m. and 11:49 a.m., the Lobby contained wood paneling on one of the walls. Then again, the Court Hallway contained carpet on one side of the hallway wall. Based on interview at the time of each observation, the Facilities Man #1 and the Fitness Supervisor was unable to provide documentation for a flame spread classification.</p>	K 130			

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K 130	<p>Continued From page 2</p> <p>2. Based on observation and interview, the facility failed to ensure 5 of 5 flexible cords were not used as a substitute for fixed wiring to provide power equipment with a high current draw. LSC Chapter 39.5.1 requires utilities to comply with the provisions of Section 9.1. Section 9.1.2 requires electrical wiring and equipment to be in accordance with NFPA 70, National Electrical Code. NFPA 70, National Electrical Code, 1999 Edition, Article 400-8 requires that, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice affects all occupants.</p> <p>Findings include:</p> <p>Based on observation with the Facilities Man #1 and the Fitness Supervisor on 04/25/16 between 11:45 a.m. to 12:00 p.m. the following was discovered:</p> <p>a) an extension cord was powering a surge protector powering two refrigerators in the Lobby b) an extension cord was powering television equipment in the Lobby c) an extension cord powering two separate heat tapes. Additionally, a surge protector was powering an air compressor in the Equipment room</p> <p>Based on interview at the time of each observation, the Facilities Man #1 and the Fitness Supervisor acknowledged each aforementioned condition.</p> <p>3. Based on observation and interview, the facility failed to ensure exit access was arranged so 3 of 4 exits were readily accessible at all times in accordance with LSC Section 7.1. LSC Section</p>	K 130			

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K 130	<p>Continued From page 3</p> <p>39.2.1.1 requires the means of egress for existing buildings shall comply with Chapter 7. LSC Section 7.7.1 requires all exits shall terminate directly at a public way or at an exterior exit discharge. Yards, courts, open spaces, or other portions of the exit discharge shall be of required width and size to provide all occupants with a safe access to a public way. In addition to providing the required width to allow all occupants safe access to a public way, such access also needs to meet the requirements with respect to maintaining the means of egress free of obstructions that would prevent its use, such as snow and the need for its removal in some climates or soft ground during heavy periods of rain. This deficient practice could affects all occupants.</p> <p>Findings include:</p> <p>Based on observation with the Facilities Man #1 and the Fitness Supervisor on 04/25/16 between 11:48 a.m. and 12:13 p.m., the following exits discharged into grass.</p> <p>a) Free weights exit b) West exit c) Cybex exit</p> <p>Based on interview at the time of each observation, the Facilities Man #1 and the Fitness Supervisor acknowledged each aforementioned condition and confirmed that each path was considered an exit.</p> <p>4. Based on observation and interview, the facility failed to protect 3 of 3 hazardous rooms were constructed at least 1 hour fire barrier and door openings are at least ¾ hour self-closing door. LSC 39.3.2.1 states hazardous areas, including but not limited to, areas used for general storage,</p>	K 130			

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K 130	<p>Continued From page 4</p> <p>boiler or furnace rooms shall be protected in accordance with LSC Section 8.4. Section 8.4.1.1 states protection from any area having a degree of hazard greater than that normal to the general occupancy of the building shall be provided with one of the following means:</p> <p>1) Enclose the area with a fire barrier without windows that has a 1-hour fire resistance rating in accordance with Section 8.2</p> <p>2) Protect the area with automatic extinguishing systems in accordance with Section 9.7 This deficient practice could affect staff and all occupants.</p> <p>Findings include:</p> <p>Based on observation with the Facilities Man #1 and the Fitness Supervisor on 04/25/16 between 11:54 a.m. and 12:17 p.m., the following non sprinklered hazardous rooms were discovered:</p> <p>a) the Racquet ball gas powered furnace room contained a louvered unrated door that did not self-close when tested. No documentation was available for the room 's construction rating.</p> <p>b) the Equipment room contained gas powered furnaces and chemical storage. There were at least twenty ceiling penetrations ranging from three quarter inch to eight inch unsealed penetrations. Drywall was removed exposing wooden studs for about 120 square feet of one of the walls. The corridor door to the Equipment room did not latch into the frame. No documentation was available for the room ' s construction rating.</p> <p>c) the Cardio room gas powered furnace room contained a louvered unrated door that did not self-close when tested. No documentation was available for the room ' s construction rating.</p> <p>Based on interview at the time of each</p>	K 130			

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K 130	<p>Continued From page 5</p> <p>observation, the Facilities Man #1 and the Fitness Supervisor acknowledged each aforementioned condition and provided the measurements.</p> <p>5. Based on observation and interview, the facility failed to ensure 1 of 1 Free Weights exit discharge paths were readily accessible at all times. LSC Section 39.2.1.1 requires the means of egress for existing buildings shall comply with Chapter 7. LSC 7.5.1.1 requires exits shall be located and exit access shall be arranged so that exits are readily accessible at all times. This deficient practice could affect staff and at least 2 patients.</p> <p>Findings include:</p> <p>Based on observation with the Facilities Man #1 and the Fitness Supervisor on 04/25/16 at 11:56 a.m., the Free Weights exit door would not open. Based on an interview at the time of observation, the Facilities Man #1 and the Fitness Supervisor acknowledged the aforementioned condition.</p>	K 130			